



CITY OF WOODBURN SOLICITATION LICENSE AND PERMIT APPLICATION

PERMIT No. _____
PERMIT FEE _____
RECEIPT No. _____
DATE PAID _____

APPLICANT'S NAME: _____ HOME PHONE: _____
HOME ADDRESS: _____
REPRESENTED COMPANY NAME/DBA: _____ BUSINESS PHONE: _____
BUSINESS ADDRESS: _____
TYPE OF LICENSE: ☐ SOLICITOR – TYPE OF GOODS/SERVICES: _____
☐ DANCE PERMIT – DATE AND TIME OF DANCE: _____
LOCATION OF DANCE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ SOCIAL SEC No: _____
HEIGHT: _____ ft. _____ in. WEIGHT: _____ lbs. Eye Color: _____ HAIR COLOR: _____
SEX: _____ M _____ F DRIVER LICENSE NO. _____ State: _____ U.S. CITIZEN: _____ Yes _____ No

ALIAS OR OTHER LEGAL NAME(S) USED: _____

PLACES OF RESIDENCE PAST 5 YEARS:

ADDRESS: _____	City: _____	State: _____	Dates: _____
ADDRESS: _____	City: _____	State: _____	Dates: _____
ADDRESS: _____	City: _____	State: _____	Dates: _____

HAVE YOU EVER BEEN *ARRESTED* FOR ANYTHING OTHER THAN A MINOR TRAFFIC VIOLATION? _____ No _____ Yes If yes, state
CHARGE AND ARRESTING AGENCY: _____

HAVE YOU EVER BEEN *CONVICTED* FOR ANYTHING OTHER THAN A MINOR TRAFFIC VIOLATION? _____ No _____ Yes If yes, state
CHARGE AND ARRESTING AGENCY: _____

I certify that I have knowledge of the provisions of the City Code governing the license for which I am applying and that the above are true and accurate statements of fact.

Signature of Applicant: _____ **Date:** _____

DATE FINGERPRINTS TAKEN: _____ RETURNED TO LICENSE DIVISION BY: _____

RECORD CHECKED: _____ Yes _____ No RECOMMENDATION: _____ Yes _____ No

POLICE CASE No. _____ BY: _____
Chief of Police _____ Date _____